# CLAIMS ONLY

| Application Number |
|---|
| 10/676,893 |

Filing Date

Applicant(s)

| CLAIMS | AS FILED 10/11/06 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 4 | | | | | |
| Total Depend. | 22 | | | | | |
| Total Claims | 26 | | | | | |

\* May be used for additional claims or amendments

| | | Indep | Depend | Indep | Depend | Indep | Depend |
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| | Total Indep | | | | | | |
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| | Total Claims | | | | | | |